

**PUBLIC HEALTH DEPARTMENT[641]**

**Notice of Intended Action**

**Proposing rule making related to maternal and child health program and providing an opportunity for public comment**

The Department of Public Health hereby proposes to amend Chapter 76, “Maternal and Child Health Program,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 135.11.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 135.11(17).

*Purpose and Summary*

The maternal and child health (MCH) programs are operated by the Department as the designated agency pursuant to an agreement with the federal government. The proposed amendments make minimal technical changes to improve efficiency and to align with current federal guidance. The proposed amendments include:

1. Updating definitions to align with current practices.
2. Adopting MCH services by alignment with the federal MCH pyramid or logic model by reference.
3. Removing the requirement for community-based agencies to submit a letter of intent to apply for funding during a competitive application year.
4. Changing membership of the Maternal and Child Health Advisory Council so that one ex officio member is a representative from a local MCH contract agency rather than the chair (or designee) of the Bureau of Family Health grantee committee, Iowa Department of Public Health.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s variance and waiver provisions contained in 641—Chapter 178.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on June 26, 2018. Comments should be directed to:

Marcus Johnson-Miller  
Department of Public Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
Email: [marcus.johnson-miller@idph.iowa.gov](mailto:marcus.johnson-miller@idph.iowa.gov)

### *Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend subrule 76.1(2) as follows:

**76.1(2) Services.**

a. The department’s bureau of family health (BFH) enters into contracts with selected private nonprofit or public agencies for the assurance of access to prenatal and postpartum care for women, preventive and primary child health care services, and services to children and youth with special health care needs. ~~The types of services provided by these contracts are infrastructure building, population-based services, enabling services, and direct health care services.~~

b. The department’s bureau of oral and health delivery systems (OHDS) collaborates with BFH to develop oral health programs to reduce barriers to oral health care and reduce dental disease through prevention.

c. The children and youth with special health care needs program is administered by the Child Health Specialty Clinics (CHSC) at the University of Iowa. The department contracts with the University of Iowa department of pediatrics’ CHSC to provide services for children and youth with special health care needs, ~~including infrastructure building, direct clinical care, care coordination and family support.~~ In accordance with the MCH Title V Block Grant Program administered by DHHS, HRSA, and MCHB, the CHSC shall ensure that public health funds will be used to cover the cost of services only after all other sources of reimbursement have been exhausted.

ITEM 2. Rescind the definitions of “Health education,” “Informing,” “Nutrition counseling,” “Oral health counseling,” “Oral health education,” “Parenting education,” “Psychosocial services” and “Well-child health care” in rule **641—76.4(135)**.

ITEM 3. Adopt the following new definition of “Maternal and child health services” in rule **641—76.4(135)**:

“*Maternal and child health services*” means services provided through local contract agencies to meet the needs of the client. The types of services provided include infrastructure building, population-based services, enabling services, and direct health care services.

ITEM 4. Amend rule **641—76.4(135)**, definition of “Presumptive eligibility determination,” as follows:

*“Presumptive eligibility determination”* means temporary Medicaid eligibility that pays for medical services while a formal Medicaid decision is being made by the Iowa department of human services. ~~For pregnant women, presumptive eligibility determination is based only on a woman’s statement regarding her family income. A qualified provider can presume that the pregnant women who are Iowa residents will be eligible for Medicaid. Qualified providers can grant Medicaid coverage to these women to pay for the cost of ambulatory prenatal care. Presumptive Medicaid eligibility begins with the date the qualified provider determines the woman is eligible and continues through the last day of the next month. Presumptive eligibility is available for children, youth, and pregnant women.~~

ITEM 5. Rescind rule 641—76.5(135) and adopt the following new rule in lieu thereof:

**641—76.5(135) MCH services.** Maternal and child health services provided by contract agencies, as outlined in the annual application and contract for services, shall align with the MCH pyramid or model provided by the DHHS, HRSA, state policy manuals, and interagency agreements.

ITEM 6. Amend paragraph **76.6(2)“g”** as follows:

g. An individual whose income is above the poverty level established by Title XXI and below 300 302 percent of the federal poverty guidelines will qualify for services on a sliding fee scale, as determined by the local agency’s cost for the service. The department provides annual guidelines based on poverty levels established annually by DHHS. An individual whose income is at or above ~~300~~ 302 percent will qualify for services at full fee.

ITEM 7. Amend subrule 76.7(1) as follows:

**76.7(1)** A person or the parent or guardian of a minor desiring direct health services other than those provided to children and youth with special health care needs may apply to a contract agency using a Health Services Application, Form 470-2927; or 470-2927(S), Presumptive Eligibility. Individuals requesting presumptive eligibility must complete the Application for Health Care Coverage for Children Application and Help Paying Costs, Form 470-4855, 470-4855(S) 470-5192, or the alternate form authorized by the HAWK-I board.

ITEM 8. Amend rule 641—76.9(135) as follows:

**641—76.9(135) Grant application procedures for community-based contract agencies.** Private nonprofit or public agencies seeking to provide community-based Title V MCH public health services shall ~~file a letter of intent to make~~ submit an application to the department during the competitive year. ~~Applications shall be to administer MCH services for a specified project period, as defined in the request for proposal, with an annual continuation application. The contract period shall be from October 1 to September 30 annually. All After a notice of award is made by the department, all materials submitted as part of the grant application are considered public records in accordance with Iowa Code chapter 22; after a notice of award is made by the department.~~ Notification of the availability of funds and grant application procedures will be provided in accordance with the department rules found in 641—Chapter 176.

Contract agencies are selected on the basis of the grant applications submitted to the department. The department will consider only applications from private nonprofit or public agencies. In the event that competitive proposals receive an equal number of points, two department division directors and the respective bureau chief administering the program may conduct a second review utilizing the same scoring process.

ITEM 9. Amend subparagraph **76.23(2)“c”(2)** as follows:

(2) ~~The chair (or designee) of the bureau of family health grantee committee, Iowa department of public health~~ A representative from a local maternal and child health contract agency.